

ATTACHMENT V

APPLICATION FOR PARTICIPATION
OAK RIDGE OPERATIONS OFFICE EMPLOYEE FITNESS PROGRAM

Name: _____
Last First Middle Initial

Address: _____
Street City - ZipCode

ORO Organization: _____ Phone No: _____

Name of Health Club/Fitness Center: _____

Estimated Annual Membership Fee: \$ _____

Employee Signature

Date

SEND COMPLETED APPLICATION TO: TINA ARD, Y-12 Area Office, Building 9704-2,
Rm 252 (NADP-68) or fax to 865-576-8010. See the Wellness Program website at
<http://www.oakridge.doe.gov/goodhealth/> for additional information.